

PROPOSAL FORM FOR GENERAL MEDICAL PRACTITIONERS

Kindly complete and fax to
03-80249046 Koo Agency

Note : Pursuant to Section 149(4) of the Insurance Act 1996, you are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void. If there is insufficient space to complete the Proposal, please attach additional sheets with your signature.

1. Full Name : _____ NRIC No : _____

2. Clinic Address : _____

E-mail : _____

3. Malaysia Medical Council Permanent Registration Number : _____

** Please attach a copy of the permanent registration certificate

4. Please state the qualifications that you have and the year obtained : _____

5. Please state the details of your first Professional Indemnity Insurance or Membership of a Defence Union/Protection Society:

(a) Date of first Insurance/Membership : _____

(b) Name of first Insurance company/Defence Union/Protection Society : _____

(c) Are you currently Insured against your professional Negligence? : YES NO
If YES, please enclose a copy of your previous policy.

6. If the answer to any of the following is YES, please provide details in a separate sheet.

(a) Have you ever been subject to a reprimand? YES NO

(b) Have any claims been made against you or negligence alleged against you to date? YES NO

(c) Are you aware of any circumstance which may result in a claim being made against you? YES NO

Please tick the required Limit of Indemnity

Total Premium (Inclusive of Stamp Duty)

RM 500,000.00 any one claim and in the aggregate RM 500.00 (Only for Government Doctors performing locum)

RM 500,000.00 any one claim and in the aggregate RM 650.00

RM 500,000.00 any one claim and in the aggregate RM 900.00 (with locum extension)

RM 1 million any one claim and in the aggregate RM 950.00

RM 1 million any one claim and in the aggregate RM1,300.00 (with locum extension)

RM 2 million any one claim and in the aggregate RM 1,250.00 (Procedures)

RM 2 million any one claim and in the aggregate RM1,700.00 (Procedures) (with locum extension)

PAYMENT OPTIONS

a) Enclosed is a Cheque / Bank Draft no _____ for the amount of RM _____ payable to Malaysian Assurance Alliance Berhad.

b) Please charge the total amount of RM _____ to my Credit Card : Visa MasterCard

Card Number : _____ Issuing Bank : _____

Name on Card : _____ Expiry Date : _____

I would you like to auto renew the policy upon expiry and hereby instruct you to make deductions from the above mentioned credit card

YES NO

Cardholders Signature

DECLARATION

I hereby declare and warrant that the above statements and particulars are in all respects true, and that I have not suppressed or mis-stated any material fact and I agree that this Proposal Form shall be the basis of the contract with the Insurers and deemed part of the Insurance coverage issued to me.

Name of Proposer : _____

Signature of Proposer : _____ Date : _____

IMPORTANT NOTE : Please note that the above terms are in respect of new/renewal policies which have been claims - free for the past three (3) years, otherwise the Company reserves the right to load/revise the above premiums accordingly.